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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/739,428	12/18/2000	Philip P.M. Finch	2537

50855
UNITED STATES SURGICAL,
A DIVISION OF TYCO HEALTHCARE GROUP LLP
150 GLOVER AVENUE
NORWALK, CT 06856

CONFIRMATION NO. 3665

OC000000016104353

OC000000016104353

Date Mailed: 05/24/2005

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 05/20/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

FRANCIS Y FIELDS
3700 (571) 272-4347

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09/739,428	12/18/2000	Philip P.M. Finch	2537

Paul Gardon, Esq. U.S. Surgical, a division of
 Tyco Health Group LP
 150 Glover Avenue
 Norwalk, CT 06856

CONFIRMATION NO. 3665

OC000000016104329

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Date Mailed: 05/24/2005

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

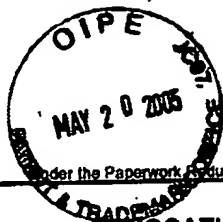
This is in response to the Power of Attorney filed 05/20/2005.

- The Power of Attorney to you in this application has been revoked by the applicant. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

FRANCIS Y FIELDS
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AF 3157
JFW



PTO/SB/92 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/739428
Filing Date	December 18, 2000
First Named Inventor	P. Finch, et al.
Art Unit	
Examiner Name	
Attorney Docket Number	2537

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 50855

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number: 50855

OR

<input type="checkbox"/> Firm or Individual Name	Mark Farber, Vice President, Intellectual Property		
Address	United States Surgical, a division of Tyco Healthcare Group LP 150 Glover Avenue		
City	Norwalk	State	CT Zip 06856
Country	United States of America		
Telephone	(203) 845-1059	Fax	(203) 845-4266

I am the:

- ☐ Applicant/Inventor.
- ☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Stephen Faciszewski		
Date	11 May 2005	Telephone	+41 52 633 02 56

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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